

We are The Care Company Limited

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Inspection report

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Date of inspection visit:
18 October 2016

Date of publication:
28 November 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We are the Care Company Limited is registered to provide personal care for people who live in their homes. At the time of our inspection 57 people were receiving personal care.

The inspection took place on 18 October 2016 and was announced. We gave senior staff 48 hours' notice of the inspection because we needed to be sure that they would be in.

A registered manager who was also the provider was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run.

People were protected from the risk of potential abuse and told us they felt safe because of the way staff cared for them. Staff took action to care for people in ways which promoted their safety and people's care plans gave clear guidance for staff to follow in order to promote people's well-being. There were enough staff employed to care for people and people and their relatives felt they could rely on staff to provide the care they needed. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

People benefited from receiving support from staff with the knowledge and skills to care for them. Staff cared for people in ways which promoted their rights and recognised where people were independent. Where people needed care so they would have enough to eat and drink this was given by staff. People were supported by staff who understood the risks to people's well-being and worked with people and health professionals where needed, so people were supported to maintain their health.

Caring relationships had been built between people and staff and staff took time to chat to people so they did not become isolated. People were treated with dignity and respect and their right to privacy was taken into account in the way staff cared for them. Staff listened to people and took action to make sure people were receiving their day to day care in the ways they wanted.

People were involved in deciding how their care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions the views of their relatives and representatives were acted upon. Care plans and risk assessments were updated as people's needs changed. People and their relatives knew how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

Staff understood how the registered manager expected people's care to be given so people would receive the care they needed in the way they preferred. People and staff were encouraged to give feedback on the quality of the service and to make suggestions for developing the service further. The registered manager

checked the quality of the care provided and introduced changes to develop people's care further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People benefited from receiving care from staff who took action to reduced risks. There were enough staff available to care for people. Where people needed assistance with their medicines they were supported by staff.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff that had the skills and knowledge needed to care for them. People's rights were promoted by staff. People were encouraged to have enough to eat and to see health professionals when this was required.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff and were encouraged to decide how they wanted their day to day care to be given. Staff worked in ways which promoted people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted and their preferences were taken into account by staff. Staff adapted their practice so people's changing needs were met. People were confident if they raised any concerns or complaints staff would take action to address them.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were positive about the way the service was managed. Staff knew what was expected of them and felt supported to provide good care. Checks to monitor the

quality of the service provided were regularly undertaken and action taken to develop the service further.

We are the Care Company Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

We reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with four people who used the service by telephone to gain their views about the care and support they received. Not all people who used the service were able to talk to us directly so we spoke with four relatives by telephone. We spoke with the registered manager, one provider representative, two senior care staff and six care staff.

We looked at four records about people's care and people's medicines. We sampled four staff recruitment files and checked staff training records. We checked records showing the actions the registered manager had taken when people or their relatives had raised concerns or complaints. We also looked at records about people's safety and saw minutes of meetings with staff.

We looked at the checks the registered manager made to satisfy themselves the service was meeting people's needs. These included questionnaires people had completed about the quality of the service and checks on the care planned to meet people's needs. We also sampled the regular checks made on people's safety and changing medication needs. We saw the actions staff had taken to develop the service further.

Is the service safe?

Our findings

People and their relatives told us staff took action to promote people's safety when staff cared for them. People gave us examples of how staff supported them to feel safe and so their well-being needs would be met. One person told us the security of their home was important to them and said, "Staff always lock up after themselves, it works for me." Two people we spoke with highlighted how staff encouraged them to go at their own pace when they walked around their home with support from staff. One person told us, "They (staff) never rush me and always reassure me." A further person explained about the support they received and told us staff took action so they could enjoy the best physical health possible.

One person told us, "Staff always consider risks as I am unsteady on my feet in the morning, and this reassures me." One relative we spoke with told us their family member had regular staff caring for them and they knew the safety and care needs of their relative well. Staff we spoke with knew the risks to people's safety and explained how they cared for people so risks would be reduced. This included risks to people's physical safety and well-being. One staff member said, "You make sure people have their pendants (alarms) handy before you leave." Another staff member told us, "You check for trip hazards, so they [people] don't fall". A further member of staff explained how they made sure people's property was secured and checked they had everything they needed, such as easy access to their telephone, before they left them.

We saw staff discussed people's safety needs when people and their relatives first contacted the service to discuss the possibility of beginning to receive care.

Staff we spoke with understood what signs may indicate a person was at risk of abuse. Staff gave us examples of the signs they would look for, including changes in people's well-being and unexpected marks and bruising. Staff explained some of the actions they would take to keep people as safe as possible. These included taking action to alert senior staff, the registered manager or other organisations with responsibilities for helping to keep people safe. All the staff we spoke with were confident plans would be put in place by the registered manager to promote people's safety if this was required.

People and their relatives told us there were enough staff to meet their care needs and they could rely on staff arriving to support them. One person told us they needed two staff to help them to move safely, and said the number of staff required to care for them always attended as expected. Another person said they could count on staff arriving. The person told us, "This lot [staff] don't watch the clock; they will always check to see if we are ok before they leave." Staff we spoke with confirmed there was enough staff to care for people in ways which promoted their safety and gave staff the opportunity to chat to people. One staff member gave us an example of when they had been unavoidably detained. The staff member said they had contacted the office, and another staff member attended to the person, so the person received the care they needed with minimum delay. Another staff member gave us examples of times when additional staffing had been put in place as people's care and safety needs changed.

The registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the registered

manager had obtained references for staff, so they were assured new staff were suitable to work with people.

Some people managed their own medicines, or with help from their relatives. Three people we spoke with were supported by staff to have the medicines they needed to remain well. One person told us, "They [staff] always record what they have given to me, and I get them when I need them. New staff always check the way I want to take them." Another person said as a result of the support they received from staff when taking their medicines, "I have no concerns, and they always make a note of what I have had." A further person told us, "They [staff] make sure my medication is up to scratch."

Staff we spoke with told us they were not allowed to support people with their medicines until they had received training and senior staff had checked they were able to do this safely. Staff we spoke with were aware of the possible impact of people having their medicines too early or late. One staff member we spoke with explained staff were alerted to changes in people's medicines through text messages. Another staff member explained how they worked with some people's families, where the families also sometimes administered medicines. The staff member described the checks they did so they could be sure people were receiving the right amount of medicines from all parties, so they would remain safe.

We saw some staff had received specific training so they would develop the skills and knowledge needed to support some people to have specific medicines. We also saw the provider and senior staff undertook regular checks to assure themselves people were receiving their medicines in ways which helped them to stay as safe as possible.

Is the service effective?

Our findings

People and their relatives told us staff had the knowledge and skills needed to care for them. One person said, "They (staff) have the skills to do everything I need." Another person told us, "They [staff] do have the skills I need and know how to keep me safe when I walk round my home." One relative explained how helpful the response from staff had been when their family member's needs changed. The relative explained how specific training had been completed by staff, so their family member's nutritional needs would continue to be met.

Staff we spoke with were very positive about the training they completed and the difference this made to the care people received. One staff member said, "The training I have had here is the best I have ever had, and [senior staff names] will call in and show you if you are unsure of anything." Another staff member told us, "The training is linked to the needs of the people we care for." One staff member told us doing training, "Makes a big difference, it makes me feel competent and up to date as you know what you can and can't do. It's about being safe with people." A senior staff member said, "We have spot checks done, and this triggers training, if needed." All the staff we spoke with were confident additional training would be provided if people's needs changed, so people would continue to get the support and care they needed. One staff member explained additional training had been requested so staff would know the best way to help people use specific equipment. The staff member told us the training requested had been arranged.

We saw staff had undertaken a wide range of training so they could develop the skills needed to meet people's care needs. This included training so that individual people would receive the care they needed from staff with the knowledge to care for them. This included diabetes, specific medication training, such as warfarin and epilepsy training.

Staff we spoke with told us they felt well supported by senior staff and the registered manager. One staff member explained how they were able to discuss any concerns they had for people using the service at regular one to one meetings with their manager and at staff meetings. Another staff member told us they had the opportunity to work with more experienced staff when they first came to work for the provider, so there was someone on hand to support them when they first started to care for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People and their relatives told us staff made sure people were in agreement for care to be given to them. One person whose partner also received care from the service told us, "Staff will listen to our decisions." One relative highlighted how patient staff were when "Coaxing and encouraging" their family member to receive their care, but said staff respected their family member's decisions.

Staff we spoke with gave us examples of how they knew people were in agreement for their care to be given. One staff member explained how they asked people at each stage of their care if they were happy to proceed. The staff member told us if people were not able to verbally communicate their decisions they would check people's body language, so they could be sure people were agreeing to the care offered. Another staff member explained how one person had refused an element of their care. The staff member told us, "You have to understand people have the right to refuse." Staff we spoke with knew the registered manager had not needed to make any decisions in people's best interests. One staff member told us, "We've not needed to make any, but this would be recorded in people's care plans."

The registered manager had a good understanding of MCA and was in the process of further developing systems so people's rights continued to be upheld. For example, by clarifying what type of decisions people's representatives had the legal right to make on people's behalf. By doing this, the registered manager would identify who would be able to make decisions in people's best interests and people's rights would be promoted.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive someone of their liberty must be made to the Court of Protection. Staff we spoke with told us they had received training to understand the role of the Court of Protection and how this may affect the way they needed to care for people. The registered manager had not needed to make any applications to the Court of Protection, but the service was supporting one person with a pre-existing Court of Protection order.

Some people we spoke with needed assistance from staff to have enough to eat and drink. One person told us staff always assisted them to have their choice of food and were supportive if they changed their mind. All the people we spoke with told us staff encouraged them to have enough to drink so they remained well. Two people described how staff always offered to make them a drink and left their favourite cold drinks within reach before they left. One relative explained how staff had become skilled in helping their family member to have enough nutrition. One staff member said, "If people can't get up you make sure they have a drink and food to hand." Another staff member told us how they supported one visually impaired person to have enough to eat and drink and helped them to do this through the use of specialist equipment. We saw staff started to consider people's nutritional needs and risks during their first contact with the service.

People told us they were confident staff would assist them to see health professionals if they needed help with this. One person explained how caring and supportive staff had been when they had been taken ill. The person told us staff had called their GP and contacted the emergency services, so they would recover as quickly as possible. Another person told us staff were aware of risks to the health of their skin and said staff always cared for them in ways which helped them to enjoy the best skin health possible. A further person said, "My regular carer sees if I am ill. They will take samples to my GP for me." All the staff we spoke with told us they were supported to spend more time with people in emergency situations when people became ill.

Is the service caring?

Our findings

All the people we spoke with were positive about the staff who supported them. One person told us, "Staff are like family. They are kind and make sure me and my wife are comfortable. I would say they are extremely patient and always chat to us, as well." Another person said, "They [staff] are kind and loving and I get on really well with the office staff." A further person said, "They always chat to me and they are friendly." We also spoke with one person who was currently receiving care themselves. The person told us staff had also supported their late partner. The person told us, "You get to know the staff. They thought the world of [partner's name]. Staff feel like a friends." One relative we spoke with told us, "You hear staff having a giggle with [person's name]. They chat together."

One person we spoke with told us how supportive staff had been when their partner had died. The person told us, "Staff understood and supported me in any way they could." The person told us staff had responded to their need for physical reassurance at this time, and told us this had been a comfort to them.

Staff said they got to know people by talking to them. One staff member explained how they would talk to people about objects in people's homes, and what they meant to people. The staff member said, "You look at their photos and trophies, and ask questions about them. You also look at people's care plans, so you know what questions to ask people." Another staff member told us they worked with staff who knew people well before they began to care for people. The staff member told us, "It makes them [people] feel more confident, that we know what we are doing, and it's not strangers walking in." Another staff member told us, "Because people know us, they will ask us to do more for them." The staff member gave us an example of the positive effect of trust being built with one person. The staff member explained the person they cared for had initially been reluctant to receive care, but as the person's bond with the staff member increased the person felt more relaxed and agreed to receive the care they needed to remain well.

Staff we spoke with knew what was important in people's lives and gave us examples of how they took this into account when supporting people. This included spending time chatting to people about their hobbies and interests. One staff member told us, "You have time with people, and this makes it more personal. It's about communicating with them. There's time for people to have companionship and for them to feel valued."

Some people told us they had regular staff and this helped them to build trusting and caring relationships. One relative told us, "We have a nucleus of carers (staff). We understand one another and [person's name] always comes first." Other people told us they had a mixture of regular and new staff caring for them. One person told us, "I always get the same carers (staff) in the morning, but I do have different carers at other times. I enjoy this, as I get to meet more people (staff)." One person told us they had recently had a number of staff attend them who they did not know well. The person said they had provided feedback to the office and were hoping they would have more regular staff as a result of this.

People we spoke with told us they were encouraged to choose how they wanted their day to day care to be given. One person said, "They [staff] always ask me to choose what I want to eat." Another person told us

staff always checked if they were ready to have their personal care. The person said, "They [staff] will listen to my decisions, such as if I want to change the time of my shower." Staff explained how they involved people in day to day decisions about their care. One staff member said, "They [people] get to choose what they want to wear, what they want to eat and if they want their blinds open." We saw staff offering people and their relatives options and choices about their day to day care when staff were first contacted by them.

People and their relatives told us staff supported them in ways which promoted their dignity and privacy. One person told us, "I'm treated with dignity. Staff are fine about doing my personal care, and just get on with it. They always make sure I am covered up." One relative gave us an example of how staff sought their agreement before entering their family member's bedroom. The relative said, "Staff are sensitive to our privacy." Staff we spoke with knew what actions to take to support people to maintain their dignity. Three staff members we spoke with explained how they supported one person with the personal care in ways which took into account the person's cultural needs. Two staff members told us the actions they took to ensure information about people was secured, so people's right to privacy was respected.

Is the service responsive?

Our findings

People told us they were encouraged to decide what care they wanted so plans could be put in place to meet their needs. One person told us, "We make our own decisions about what care we want." Another person said, "We are involved in care plans and we get the care we want." A further person highlighted staff understood the things they could do independently. The person told us, "Staff always make sure I am given the chance to do the bits I can myself. They respect where I am independent." One relative we spoke with explained they had been encouraged to make suggestions about the care their family member received and told us, "We were involved as a family."

Staff told us people's care plans provided them with clear guidance on people's risks, preferences and care needs. One staff member explained knowing this meant, "You can make people feel comfortable, for example, if people like to be quiet, and you respect this." Another staff member told us staff were not allowed to care for people until they had read people's care plans, so they would know how people liked their care to be given. The staff member told us, "Knowing people's religion and medical history makes a difference. You know if they have a problem with their arm, so you know how to care for them." A further staff member explained how they took into account people's preferences when caring for them. The staff member explained how pleased one person had been when they were supported to wear their favourite jewellery.

One staff member explained they had worked with a person so they would feel safe when being assisted to move. As part of this, they had agreed to attend the call early, so they could provide additional reassurance to the person. The staff member told us, "It's about getting to know what's best for them. Fifteen minutes early can help some people, but not be good for others." The staff member told us as a result of the approach taken the person's confidence when being moved had increased and they were less anxious.

People and their relatives said staff were adaptable, and they could rely on staff to care for them. One person told us they were sometimes ill and said, "They (staff) understand this, and do things at my pace." Another person highlighted how well staff worked alongside their personal assistant, so the person received the care they wanted. One relative told us how supportive staff had been when they needed to arrange for additional care for their family member at short notice. Another relative explained how staff had varied the support they provided to their family member so they were able to have the care they needed in the best way for them as their needs changed. One staff member told us, "The best thing about my job is giving person centred care. Everything is different, it's not repetitive, it's about them [people] receiving the care they need so they have a good quality of life. You do everything in your power to do what people want." A member of senior staff told us, "Clients [people] lead their assessments, care planning and care planning reviews, and we try to involve families if people need the support." The senior staff member told us by doing this people received the support they needed in the best way for them.

We saw people's life histories and what was important to them was recorded in their care plans. This included if people had a preference for the gender of staff to care for them. We also saw people's decisions about the way they wanted to be supported were recorded in their care plans. People had been involved in

reviewing the support they needed to manage risks to their well-being as their needs changed.

None of the people or relatives we spoke with had made a complaint about the care received. People and their relatives gave us examples of the actions staff had taken, if they had raised any concerns. One person explained they had contacted the office with a concern and said this had been resolved. One relative told us they had raised a concern and this had been listened to and actions taken by staff to resolve it.

Staff we spoke with understood what action they needed to take to support people if they wanted to raise a complaint or concern. One staff member told us, "You sort it out and resolve it early." Another member of staff gave us an example of how they had supported one person to raise a complaint about the care they received. The staff member explained they had contacted senior staff, who had visited the person without delay to discuss and resolve their complaint. We saw the registered manager had systems in place to manage any complaints or concerns made. We saw where complaints had been received these were investigated and responded to promptly and openly and considered if any lessons could be learnt to reduce the risk of further occurrence.

Is the service well-led?

Our findings

People and their relatives told us the service was managed well and this helped to ensure they received the care they needed. One person said, "They are very professional. We have been impressed as they always seem to get the care straight (right)." Another person described the way the service was run as, "Organised and well managed. They [staff] know what they are doing, and don't dither about." A further person told us, "It's organised so I get the care I want. It's the best company I have had. I don't want to change them."

One relative highlighted how effective communication was from the senior team and registered manager. The relative explained they had needed to arrange care from a number of agencies in order to meet their family member's needs. The relative told us, "[Registered manager's name] was the only person to 'phone and say who was coming and at what times. My request was positively sorted out by [registered manager's name]. It's been a brilliant service and I can't praise [registered manager's name] enough."

Staff told us they were supported by the registered manager and senior staff to understand their roles and to provide good care. One staff member highlighted how regular staff meetings and texts to staff helped them to reflect on the care they provided and to know about changes in people's needs. Another staff member told us, "I feel the staff meetings help, as they give you a chance to discuss any concern you have for people. We have open discussions."

One staff member said, "I love working here, because the managers are approachable and you know what needs to be done." Another staff member told us, "[Registered manager's name] is a fair lady." Another staff member said, "To work for a company like this is excellent. [Registered manager's name] is a listener. She will always make time for clients [people] and staff." A further staff member highlighted the level of support from senior staff was good and said, "You can always get support from the office, or from the on-call seniors. They will always ring back." Two staff members highlighted how well senior staff worked with other agencies so people would get the care they needed.

People told us they would have no hesitation in talking to senior staff and were confident they would be listened to. One person told us it was easy to talk to senior staff as, "Some seniors do [provide] care, too. We get on brilliant with them and [registered manager's name]." One relative told us the culture of the service was "Open and proactive. They [staff] talk to each other and to me. The communication is good. We talk and agree things, they [staff] don't make assumptions."

One staff member told us, "I feel it's open here, and senior staff are hands on, they don't just sit in the office, so they know clients [people] well." Another staff member said the way staff were managed meant the emphasis was on meeting people's needs. The staff member said, "I love my job, it's about the clients and making a difference to them." A further staff member explained the culture of the service was to involve relatives in their family member's care, where people wanted this. The staff member explained how one family member had taken part in the same training as staff. The staff member told us, "This provided them with reassurance and knowledge, too."

All the staff we spoke with told us they felt valued. One staff member told us staff received recognition through care awards when they had a positive impact on people's lives. The staff member told us the awards were made "Based on clients' [people's] opinions." The registered manager explained some of the actions they took so staff would feel valued. These included ensuring staff were financially rewarded for the time they spent travelling to provide care and that staff were thanked when they made a difference to people's lives.

People told us they would be comfortable to make suggestions for developing their own care further. One person highlighted they were encouraged to do this through annual questionnaires. We sampled the results of the most recent annual questionnaire. We saw the registered manager used the questionnaires as a way of assuring themselves people were receiving the care they wanted. People's comments were positive. Where people had raised any concerns or noted any areas of improvements we saw senior staff had taken action to follow this up.

A senior staff member gave us examples of suggestions they had made to further develop the care people received. The senior staff member explained where it was highlighted people needed additional time for care the registered manager worked with other organisations so this would be secured. One staff member told us, "If you feel there isn't enough time between calls [senior staff member's name] will listen to you." Another senior member of staff highlighted how development of the service was discussed at staff meetings. The senior staff member told us this gave staff the opportunity to comment on new areas of care the registered manager was considering developing.

One person told us they were regularly visited by senior staff, to check they were happy with the care they and their family member received. The person told us, "[Senior staff member's name] seems to be able to control the staff in a nice way. She'll make her point and staff know the standards they are expected to work to. [Senior staff member's name] is never aggressive, but she makes sure we get the care we need." Staff members we spoke with explained how senior staff regularly did spot checks to make sure people were receiving safe and compassionate care, and that people's rights and preferences were being met.

The registered manager explained how they kept up to date with best practice, so people would continue to receive good quality care. The registered manager gave us examples of work they had done with other organisations to develop their own and senior staff members' skills further. This included work with other health and social care organisations so people with autism, learning disabilities and dementia would be supported by a management team with the knowledge to respond to their needs. The registered manager explained how this had positive impacts on people who were supported by staff, and said, "You put people in charge of their care, and you can see how things, such as their continence, improve."

The registered manager said, "We pride ourselves on the quality of the care and training of staff, as this reduces risk to people. We are not prepared to compromise on the quality of what we do." The registered manager told us about other checks which were done so they could be assured people were receiving a good quality of care. We saw the registered manager regularly checked people's changing risks and care needs. This included people's medication and safety incidents, such as falls. We also saw the registered manager checked to make sure plans for people's care were up to date and monitored any complaints about the service. In addition, the registered manager ensured Care Quality Commission (CQC) had been notified, as required in law, of any important events which affected people's care.